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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER

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Lisa D. Bronk

Applicant : Kristine B. Fuimaono, et al.  
Application No. : 10/040,977  
Filed : December 31, 2001  
Title : METHOD AND SYSTEM FOR ATRIAL DEFIBRILLATION

Grp./Div. : 3762  
Examiner : George C. Manuel

Docket No. : 36773/AW/W112

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Post Office Box 7068  
Pasadena, CA 91109-7068  
September 28, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	41	*43	0	0 x \$9.00	0 x \$18.00	0
Independent Claims	6	** 3	3	0 x \$43.00	3 x \$86.00	\$258.00
Multiple Dependent Claims ***				\$145.00	\$290.00	0
TOTAL FILING FEE						\$258.00
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 1, 24, 29, 30, 31, 43						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

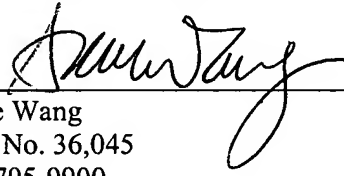
X \_\_\_\_\_ Attached is our check for \$258 to pay the fees calculated above.  
\_\_\_\_\_ A Petition for Extension of Time and the required fee are enclosed.  
\_\_\_\_\_ Other enclosures:

**Amendment Transmittal Letter**  
**Application No. 10/040,977**

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By   
Anne Wang  
Reg. No. 36,045  
626/795-9900

AW/ldb